

filing of a federal notice.

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION



Name of Offering ( check if this is an all Product Offering (A Group Trust for "Q			and indicate cha	ange.)	PROCESSED
Filing Under (Check box(es) that apply):	Rule 504	Rule 505	Rule 506	Section 4	(6) ULOE OCT 25 2004
	A. BASIC	IDENTIFICATI	ION DATA	Q	7
	issuer				FINANCIAL
					Index Trust)
A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  State Street Bank and Trust Company (as Trustee of the RhumbLine Equal Weighted Large Cap Pooled Index T Address of Executive Offices  (Number and Street, City, State, Zip Code)  225 Franklin Street, Boston, MA 02110  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Office)  Brief Description of Business  Pooling and commingling of certain assets of several domestic pension and profit-sharing trusts for investment putous or proposed in the proposed of the proposed of the RhumbLine Equal Weighted Large Cap Pooled Index T Telephone Number (Inclued 17) 786-3000  Telephone Number (Inclued 18) 786-3000		er (Including Area Code)			
	(Number and	Street, City, State	, Zip Code)	Telephone Numb	er (Including Area Code)
Brief Description of Business					
Pooling and commingling of certain asset	s of several do	mestic pension an	d profit-sharin	g trusts for invest	ment purposes.
<u></u>	limited par	tnership, already f	formed	⊠other (please s	specify): Trust
business trust	limited par	tnership, to be for	med	Limited Lial	bility Company
Jurisdiction of Incorporation or Organizatio	n: (Enter two-le	etter U.S. Postal S	ervice abbreviati	117	1 A
Who Must File: All issuers making an offerin	g of securities in	reliance on an exe	mption under Reş	gulation D or Section	on 4(6), 17 CFR 230.501 et
	on the earlier of t e date it was mai	he date it is receive led by United State	ed by the SEC at the segistered or ce	he address given be rtified mail to that	elow or, if received at that
Copies Required: Five (5) copies of this notice signed must be photocopies of the manually state.	e must be filed v	with the SEC, one o	f which must be		any copies not manually
Information Required: A new filing must con any changes thereto, the information requester Part E and the Appendix need not be filed with	d in Part C, and a				
Filing Fee: There is no federal filing fee.					
State:					
This notice shall be used to indicate reliance of adopted ULOE and that have adopted this formstate where sales are to be, or have been made the proper amount shall accompany this form.  Appendix to the notice constitutes a part of the	m. Issuers relyin . If a state requi . This notice sha	g on ULOE must f res the payment of ll be filed in the ap st be completed.	ile a separate noti a fees as a precor	ce with the Securitindition to the claim	es Administrator in each for the exemption, a fee in
Failure to file notice in the appropriate s	tatac will not w	ATTENTION	ae federal evem	ntion Conversely	v failure to file the
appropriate federal notice will not result					

#### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check box(es) that Apply: Promoter Beneficial Owner □ Trustee ☐ Director/ General and/or Managing Partner Full Name (Last name first, if individual) State Street Bank and Trust Company (as Trustee) Business or Residence Address (Number and Street, City, State, Zip Code) 225 Franklin Street, Boston, MA 02110 Executive Officer Check box(es) that Apply: Promoter Beneficial Owner Director/ General and/or Managing Partner Full Name (Last name first, if individual) General Retirement System of the City of Detroit Business or Residence Address (Number and Street, City, State, Zip Code) 2 Woodward Avenue, Detroit, MI 48226 Check box(es) that Apply: Promoter Beneficial Owner Executive Officer Director/ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director/ 🔲 General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check box(es) that Apply: Promoter Beneficial Owner Executive Officer Director 🔲 General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)

Executive Officer

Director

☐ General and/or Managing Partner

(Number and Street, City, State, Zip Code)

Promoter Beneficial Owner

Business or Residence Address (Number and Street, City, State, Zip Code)

Business or Residence Address

Full Name (Last name first, if individual)

Check box(es) that Apply:

				B. INF	ORMATIO	ON ABOU	T OFFERI	NG				
												Yes No
1. Has th	e issuer sol	d, or does t	he issuer in	tend to sel	l, to non-ac	credited in	vestors in tl	nis offering	;?			
			Ans	wer also in	Appendix,	Column 2,	if filing un	der ULOE				
2. What	is the minin	num invest	ment that w	ill be acce	pted from a	ny individi	ıal?				\$ <u>5,000</u> .	000.00
3. Does t	he offering	permit joir	nt ownershi	p of a singl	e unit?						•••••	Yes No
comm If a pe or stat broke	the information or site of the control of the contr	milar remulisted is an ame of the you may se	neration fo associated broker or t forth the i	r solicitatio person or a dealer. If r	on of purch agent of a b more than f	asers in co roker or de ive (5) pers	nnection wi ealer registe ons to be li	th sales of red with th	securities le SEC and	in the offe Nor with a	ering. state	
Full Nam	e (Last nan	ne first, if i	ndividual)									
Business	or Residenc	e Address	(Number a	and Street,	City, State,	Zip Code)						, , , , ,
Name of	Associated	Broker or I	Dealer									
States in	Which Pers	on Listed F	las Solicite	d or Intend	s to Solicit	Purchasers	3					
(Check '	"All States"	or check i	ndividual S	tates)		•••••					🔲 A	All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	(FL) (MI) (OH) (WV)	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Nam	e (Last nar	ne first, if i	ndividual)									
Business	or Residenc	ce Address	(Number a	and Street,	City, State,	Zip Code)			,,, , . <del></del>			
Name of	Associated	Broker or l	Dealer									
States in	Which Pers	on Listed F	las Solicite	d or Intend	s to Solicit	Purchasers	3					·····
(Check	"All States"	or check i	ndividual S	tates)							A	All States
(AL) (IL) (MT) (RI)	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	(HI) [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AN	ND USE OF PROCE	EEDS
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ 0.00	\$ 0.00
	Equity	\$_0.00	\$ 0.00
	Common Preferred		
	Convertible Securities (including warrants)	\$ <u>0.00</u>	\$_0.00
	Partnership Interests	\$ <u>0.00</u>	\$ 0.00
	Other (Specify: Units of Participation)	\$ 57,000,000.00	\$_57,000,000.00
	Total	\$_57,000,000.00	\$ <u>57.000,000.00</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
	their purchases. For offerings under Rule 504, indicate the number of persons who have purchased of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate  Aggregate  Dollar Amount  of Purchase
	Accredited Investors	1	\$_57,000,000.00
	Non-accredited Investors	0	\$ 0.00
	Total (for filings under Rule 504 only)		\$ 57,000,000.00
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Question 1.		
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$ 0.00
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securi solely to organization expenses of the issuer. The information may be given as subject to future connot known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$_0.00
	Printing and Engraving Costs		\$ 0.00
	Legal Fees	$\boxtimes$	\$_3,000.00
	Accounting Fees		\$ 0.00
	Engineering Fees		\$ 0.00
	Sales Commissions		\$ 0.00
	Other Expenses (blue sky expenses)		\$ <u>1,000.00</u>
	Total		\$ 0.00

	C. OFFERING PRICE, NUMBER	OF INVESTORS, EXPENSES AN	D US	E OF PROCE	EEDS
	b. Enter the difference between the aggregate offering Question I and total expenses furnished in response to Part the				
	"adjusted gross proceeds to the issuer."	<del></del>			\$ 56,996,000.00
5.	Indicate below the amount of the adjusted gross proceeds used for each of the purposes shown. If the amount for a estimate and check the box to the left of the estimate. T equal the adjusted gross proceeds to the issuer set forth i above.	ny purpose is not known, furnish an he total of the payments listed must			
				Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees			\$ <u>0.00</u>	<b>■</b> \$ 4,000,00
	Purchase of real estate			\$ 0.00	\$ 0.00
	Purchase, rental or leasing and installation	of machinery and equipment		\$ 0.00	\$ 0.00
	Construction or leasing of plant buildings	and facilities		\$_0.00	\$ 0.00
	Acquisition of other businesses (including this offering that may be used in exchange issuer	for the assets or securities of another			
	pursuant to a merger)			\$_0.00	<b>\$</b> 0.00
	Repayment of indebtedness			\$_0.00	\$ 0.00
	Working capital			\$_0.00	\$ 0.00
	Other (specify): pooling and comming domestic pension and profit-sharing trusts			\$ 0.00	\$ \$56,996,000.00
	Column Totals			\$_0.00	<b>S</b> \$ 57,000,000.00
	Total Payments Listed (column totals adde	<b>d</b> )			7,000,000.00
	D	. FEDERAL SIGNATURE			
f	The issuer has duly caused this notice to be signed by the issuer has duly caused this notice to be signed by the issue that the information furnished by the information fur	suer to furnish to the U.S. Securities a	nd Ex	kchange comm	ission, upon written
Ī	ssuer (Print or Type)	Signature		Date	
	State Street Bank and Trust Company (as Trustee)	patricia Donahue		10-1	13-04
]	Name of Signer (Print or Type)	Title of Signer (Print or Type)			
	patricia Donahue	vice president			
	Intentional misstatements or emissions of	ATTENTION  foot constitute federal criminal viol	lation	ns (Soc 19 II S	C 1001)

	E. STATE SIGNATURE									
1.	Is any party described in 17 CFR 230.262 presently of such rule?									
	See App	endix, Column 5, for state response.								
2.	The undersigned issuer hereby undertakes to furnish Form D (17 CFR 239.500) at such times as required	•	in which this notice is filed, a notice on							
3.	The undersigned issuer hereby undertakes to furnishissuer to offerees.	n to the state administrators, upon writte	on request, information furnished by the							
4.	The undersigned issuer represents that the issuer is limited Offering Exemption (ULOE) of the state in of this exemption has the burden of establishing that	which this notice is filed and understand								
	he issuer has red this notification and knows the contendersigned duly authorized person.	ents to be true and has duly caused this	notice to be signed on its behalf by the							
Is	suer (Print or Type)	Signature	Date							
	tate Street Bank and Trust Company (as	paricia Donatue	Vice President 10-13-04							

Title of Signer (Print or Type)

Vice President

### Instruction:

Name of Signer (Print or Type)

PATRICIA DONAHUE

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

1	Intend non-ac investor	to Sell to ceredited is in State	Type of Security and aggregate offering price offered in state (Part C-Item 1)		amount purcha	4 e of investor and purchased in State Part C-Item 2)			offication of State of State of State of State of State attach atton of State of Sta
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
СА									
СО									
СТ									
DE									
DC									
FL									
GA									
HI									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI		X	Units of Participation \$57,000,000.00	1	\$57,000,000	0	\$0.00		X
MN									

## APPENDIX

1	Intend to non-action investor	o Sell to credited s in State -Item 1)	Type of Security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			Disqual unde: UI (if yes explan waiver	5 lification r State LOE , attach ation of granted) -Item 1)	
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MS									
МО	-								
MT									
NE									
NV									
NH									
NJ									
NM									
NY									
NC									
ND									
ОН									
OK									
OR		·							
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									

## APPENDIX

1	non-ac	Type of Security and aggregate on-accredited estors in State art B-Item 1)  Type of Security and aggregate offering price offered in state (Part C-Item 1)		Type of Security If to Sell to and aggregate accredited offering price Type of investor and offered in state amount purchased in State				Type of investor and amount purchased in State				
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No			
WY												
PR												